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## BIB DATA SHEET

CONFIRMATION NO. 9694

<b>SERIAL NUMBER</b> 10/723,857	<b>FILING or 371(c) DATE</b> 11/26/2003 <b>RULE</b>	<b>CLASS</b> 324	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 132958XX-D/YOD GEMS:0264
<b>APPLICANTS</b> Prathyusha K. Salla, Waukesha, WI; Gopal B. Avinash, New Berlin, WI; Cherek Bulkes, Sussex, WI;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/27/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/PARIKHA SOLANKI</u> <u>MEHTA/</u> Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 40
<b>INDEPENDENT CLAIMS</b> 40				
<b>ADDRESS</b> GE HEALTHCARE c/o FLETCHER YODER, PC P.O. BOX 692289 HOUSTON, TX 77269-2289 UNITED STATES				
<b>TITLE</b> Method and system for composite gating using multiple inputs				
<b>FILING FEE RECEIVED</b> 4312	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	